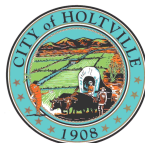


City of Holtville



Swimming Lessons Registration 30 Minute Sessions/2 Weeks

Please Mark ONE Class (X)

9:00 – 9:30 a.m. M-F	9:30 – 10:00 a.m. M-F	8:15 – 8:45 a.m. Tu/Th/Fr
<input type="radio"/> Beginners \$25.00 per child No skills required; before swimming, either never been in the pool, or afraid of the pool and never had lessons; minimum age is 3; do not bring floaties.	<input type="radio"/> Intermediate \$25.00 per child Can blow bubbles, comfortable in the pool, yet don't know the strokes; minimum age 3; do not bring floaties; beginners class is recommended prior to enrolling in intermediate.	<input type="radio"/> Mommy & Me \$25.00 per child/parent Parents and their infant/toddler (0-3 yrs of age) Child does not know how to swim, but parents should. Parent will remain in the water with the child for the duration of the class; Proper Swim Diapers should be worn by child.

Please Mark ONE Session (X)

<input type="radio"/> First Session	<input type="radio"/> Second Session	<input type="radio"/> Third Session	<input type="radio"/> Fourth Session
July 1 - July 11	July 15 – July 25	July 29 – Aug. 9	Aug. 12 - Aug. 23

CHILD'S NAME: _____ AGE: _____ GRADE: _____

PARENT/GUARDIAN: _____ PHONE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

EMERGENCY CONTACT: _____ PHONE: _____

ALLERGIES/MEDICAL CONDITIONS: _____

I, _____ (parent/guardian) hereby agree to allow my child to participate in the City of Holtville Summer Swimming Lessons 2013 Program. In consideration for permitting my child to engage in the above stated activities I hereby agree to indemnify and hold harmless the City of Holtville and its employees, or volunteers from any liability which may occur in connection with these activities. I understand my child will be under general supervision of responsible adult supervision during this program. (One infant/toddler child per parent for the Mommy & Me class) I understand that I will remain in the water for the Mommy & Me Class with my child the entire time and acknowledge that I know how to swim. I hereby authorize emergency treatment to be given to my child if needed by competent medical personnel.

I HAVE CAREFULLY READ THIS RELEASE AND, HOLD HARMLESS THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS, I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT ON MY OWN FREE WILL.

Parent/Guardian

Signature: _____ Date: _____

Register at:
City Hall
121 W. 5th Street
Holtville, Ca 92250

Call Denise at 760-356-3013 for more information.